



CITY OF CHICAGO - FIRE DEPARTMENT

**POS INVOICE**

**Customer**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Description		AMOUNT
	<b>059 - Mobile Food Truck Fire Safety Cert - NEW</b>		
	Safety Certificate @ \$100		
		<b>TOTAL</b>	

Remit to: City of Chicago  
 Pay at any Chicago payment center  
 See locations at <http://www.cityofchicago.org/finance>

**Note: Cashiers capture Customer Name.**

Point of Sale (POS)